

IN RE Alvarenga, Annette

Case No.

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding unsecured claims without priority against the debtor or the property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C," respectively, in the column labeled "HWJC."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. BC222294 Beth Vernell And Chris Vernell Zee Law Group 323 W. Valley Blvd., Suite 200 Alhambra, CA 91803			July 2002				138,000.00
Account No. Tappan Zee Zee Law Group 323 W. Valley Blvd., Suite 200 Alhambra, CA 91803			Assignee or other notification for: Beth Vernell And Chris Vernell				
Account No. 50106300216 California Financial Credit Asociation 17750 Sherman Way, Suite 100 Reseda, CA 91335			date unknown; collection account				510.00
Account No. S91074605 California Student Aid Commission P.O. Box 510623 Sacramento, CA 94245			1991 Student Loan				10,340.00
Account No. Crestar Bank C/O ACS 501 Bleeker Street Utica, NY 13501			Assignee or other notification for: California Student Aid Commission				
Subtotal (Total of this page)							148,850.00
(Complete only on last sheet of Schedule F) TOTAL (Report total also on Summary of Schedules)							

4 Continuation Sheets attached

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions)	C O D E	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. United Student Aid Funds P.O. Box 6180 Indianapolis, IN 46206			Assignee or other notification for: California Student Aid Commission				
Account No. S92075099 California Student Aid Commission P.O. Box 510623 Sacramento, CA 94245			1992; student loan				7,329.00
Account No. Crestar Bank C/O ACS 501 Bleeker Street Utica, NY 13501			Assignee or other notification for: California Student Aid Commission				
Account No. United Student Aid Funds P.O. Box 6180 Indianapolis, IN 46206			Assignee or other notification for: California Student Aid Commission				
Account No. S94210495 California Student Aid Commission P.O. Box 510623 Sacramento, CA 94245			1994; student loan				17,329.00
Account No. Crestar Bank C/O ACS 501 Bleeker Street Utica, NY 13501			Assignee or other notification for: California Student Aid Commission				
Account No. United Student Aid Funds P.O. Box 6180 Indianapolis, IN 46206			Assignee or other notification for: California Student Aid Commission				

Sheet	1 of	4 Continuation Sheets attached to Schedule F	Subtotal (Total of this page)	24,658.00
(Complete only on last sheet of Schedule F) TOTAL			(Report total also on Summary of Schedules)	

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. S94344939 California Student Aid Commission P.O. Box 510623 Sacramento, CA 94245			1994; student loan				9,605.00
Account No. Crestar Bank C/O ACS 501 Bleeker Street Utica, NY 13501			Assignee or other notification for: California Student Aid Commission				
Account No. United Student Aid Funds P.O. Box 6180 Indianapolis, IN 46206			Assignee or other notification for: California Student Aid Commission				
Account No. 20107901 CMI Optel Los Angeles 4200 International Carrollton, TX 75007-1912			2001; unknown				75.00
Account No. 1022290351 Credit Protection Hollywood Video 13355 Noel Rd, 21st Floor Dallas, TX 75240			1/2004; unknown			X	135.00
Account No. unknown David Bond, D.C. 15720 Ventura Blvd., #101B Encino, CA 91436			2001; medical services				4,200.00
Account No. 2307878 ER Solutions 500 SW 7th Street, Building A100 Renton, WA 98055-2983			11/2002; unknown				1,423.00

Sheet 2 of 4 Continuation Sheets attached to Schedule F

Subtotal
(Total of this page) **15,438.00**(Complete only on last sheet of Schedule F) **TOTAL**

(Report total also on Summary of Schedules)

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions)	C O D E	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 4482972 Housevalues Com 11332 NE 122nd Way Kirkland, WA 98034			1/2004				7,515.00
Account No. Receivables Performance P.O. Box 768 Bothell, WA 98041			Assignee or other notification for: Housevalues Com				
Account No. CS002284 Knox Services LLC 727 W. 7th Street Los Angeles, CA 90010			5/2000; services		X		368.00
Account No. unknown La Voz Latina 13619 Victory Blvd., Suite D Van Nuys, CA 91406			1998; advertising				1,700.00
Account No. 02V02104 Lina Gomez 27302 Big Rapids Loop, #13 Valencia, CA 91354			4/2002; small claims judgment				300.00
Account No. 2V01223 Luis Valera 15355 Sherman Way, Suite K Van Nuys, CA 91406			6/2002; Medical services		X		4,215.00
Account No. 2V01302 Luis Valera 15355 Sherman Way, Suite K Van Nuys, CA 91406			6/2002; medical services		X		4,335.00

Sheet	3 of	4 Continuation Sheets attached to Schedule F	Subtotal (Total of this page)	18,433.00
(Complete only on last sheet of Schedule F) TOTAL				
(Report total also on Summary of Schedules)				

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions)	C O D E	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 4049895 Pacific Bell 2158 W. 190th Street, P.O. Box 2829 Torrance, CA 90504-6103			2/2003; collection account				189.00
Account No. American Agencies 2158 W. 190th Street, P.O. Box 2829 Torrance, CA 90504-6103			Assignee or other notification for: Pacific Bell				
Account No. 890498 Southwest Collection SVC P.O. Box 6349 Orange, CA 92863			12/2003; collection account				155.00
Account No. 1894366366001 Wickert Chiropractic 612 N. Douty Street Hanford, CA 93230			1997; medical services				4,874.00
Account No. Kings Credit Services P.O. Box 950 Hanford, CA 93232-0950			Assignee or other notification for: Wickert Chiropractic				
Account No.							
Account No.							

Sheet 4 of 4 Continuation Sheets attached to Schedule F

Subtotal
(Total of this page) **5,218.00**

(Complete only on last sheet of Schedule F) **TOTAL 212,597.00**

(Report total also on Summary of Schedules)